



DEPARTMENT OF DEFENSE

Office of the Secretary

[Docket ID DoD-2021-HA-0050]

Submission for OMB Review; Comment Request

AGENCY: Office of the Assistant Secretary of Defense for Health Affairs, Department of Defense (DoD).

ACTION: 30-day information collection notice.

SUMMARY: The Department of Defense has submitted to OMB for clearance the following proposal for collection of information under the provisions of the Paperwork Reduction Act.

DATES: Consideration will be given to all comments received by [insert 30 days from publication in the Federal Register].

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting "Currently under 30-day Review - Open for Public Comments" or by using the search function.

FOR FURTHER INFORMATION CONTACT: Angela Duncan, 571-372-7574, or whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil.

SUPPLEMENTARY INFORMATION:

TITLE; ASSOCIATED FORM; AND OMB NUMBER: TRICARE Select Enrollment, Disenrollment, and Change Form; DD Form 3043; OMB Control Number 0720-0061.

TYPE OF REQUEST: Extension

NUMBER OF RESPONDENTS: 99,300

RESPONSES PER RESPONDENT: 1

ANNUAL RESPONSES: 99,300

AVERAGE BURDEN PER RESPONSE: 15 minutes

ANNUAL BURDEN HOURS: 24,825

NEEDS AND USES: The information collection requirement is necessary to obtain non-active duty TRICARE beneficiary's personal information needed to: (1) complete his/her enrollment into the "new" TRICARE Select health plan option as created by SEC. 701. TRICARE SELECT AND OTHER TRICARE REFORM of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2017, (2) dis-enroll a beneficiary, or (3) change the beneficiary's enrollment (e.g., address, add a dependent, report other health insurance). This information is required to ensure the beneficiary's benefits and claims are administered based on their plan of choice. Without the DD Form 3043 enrollment form, each non-active duty TRICARE beneficiary is automatically defaulted into direct care only, limiting their health care options to military hospitals and clinics. These beneficiaries would have no TRICARE coverage when using the TRICARE network of providers for services not available at their local military hospital or clinic.

AFFECTED PUBLIC: Individuals or households.

FREQUENCY: As required.

RESPONDENT'S OBLIGATION: Voluntary.

OMB DESK OFFICER: Ms. Julie Wise.

You may also submit comments and recommendations, identified by Docket ID number and title, by the following method:

- Federal eRulemaking Portal: <http://www.regulations.gov>. Follow the instructions for submitting comments.

Instructions: All submissions received must include the agency name, Docket ID number, and title for this Federal Register document. The general policy for comments and other submissions from members of the public is to make these submissions available for public viewing on the Internet at <http://www.regulations.gov> as they are received without change, including any personal identifiers or contact information.

DOD CLEARANCE OFFICER: Ms. Angela Duncan.

Requests for copies of the information collection proposal should be sent to Ms. Duncan at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil.

Dated: August 2, 2021.

Aaron T. Siegel,

Alternate OSD Federal Register

Liaison Officer, Department of Defense.

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